

Case Number:	CM14-0015945		
Date Assigned:	07/02/2014	Date of Injury:	04/30/2010
Decision Date:	09/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who was reportedly injured on April 30, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 6, 2013, indicated that there were ongoing complaints of left upper extremity pain. The physical examination demonstrated tenderness at the lateral and medial epicondyles of the left elbow. There was full elbow range of motion. Diagnostic imaging studies were not discussed during this visit. Previous treatment included a left-sided carpal tunnel release. A request was made for continued occupational therapy twice a week for six weeks for the left wrist and elbow and was not medically necessary on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued Occupational therapy 2 x 6 for the left wrist/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Post Surgical Treatment Guidelines.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend 3 to 8 visits of postoperative therapy after a carpal tunnel release surgery. Considering that the injured employee's carpal tunnel release was over a year ago, it is unclear why therapy is still

requested at this time. For these reasons, this request for continued occupational therapy twice a week for six weeks for the left wrist and elbow is not medically necessary.